YOUR MARVELOUS NEWBORN
(0-2 WEEKS)

Special Notes About My Child:

Congratulations! You have been blessed with an amazing new life to nurture and enjoy. The following tips and observations may help in understanding some of the behaviors and habits of this little person during his/her early days of life.

The rapid development that was occurring before birth continues, only now you get to share directly in it. From birth, your baby's senses are all in operation. ***Vision***, while blurry at distance, enables pattern recognition, especially facial features. Your baby can track a slowly moving object but has a short attention span. Baby focuses best at 8-14 inches, but may use eyes independently (one or both eyes may "wander" in or out). Tell your pediatrician if you feel that anything is wrong with baby's sight. ***Hearing*** is even more mature at birth. Often your newborn will turn the head, eyes, and attention toward sounds. He/she especially likes high-pitched cooing and voices, so talking and singing often is a good habit for parents. At just one week, your baby will be able to distinguish mom's voice from that of all other humans! ***Touch*** and texture recognition are highly developed at birth, and studies have shown that skin to skin contact early after birth and in the first several days set the stage for optimal physical, mental, social, and psychological development in the early years. ***Taste*** and ***smell*** are also well developed, and while baby may prefer sweet tastes, supplementing sugar in any way to the diet is not advisable. Baby's ***balance*** system is functional, which is why rocking and position change can help calm a fussy baby, or alert a sleepy one.

Movement and ***motor control*** are more variable from baby to baby, and wide ranges of normalcy are experienced. Most important is the slow change from primitive reflex movements into voluntary movement patterns and increased purposefulness of movements. The baby learns movement from head to toe, so head control is the first area of great gain. Lifting and turning the head while on his/her stomach and a floppy head while being pulled to sit are normal early motor responses. Some other motor reflexes you may notice include the startle reaction to sudden stimulus, rooting for the nipple when feeding, vigorous sucking, tight fist grasp, stepping or crawling reflexes, and chin quivering.

Control of ***bodily functions*** is also variable from baby to baby and even within the baby itself. This is why babies sneeze often, yawn frequently, gag some, hiccough occasionally, and have mottled skin sometimes. Mild variations in breathing pattern and temperature control as well may exist from birth. Any unusual or excessive pattern should be reported to your pediatrician. Rectal temperature over 100.5 degrees F (38.1 degrees C), in the first eight weeks of life should be immediately reported. Become familiar with taking temperature rectally. ***Urination*** should be regular and frequent, light to clear, with a strong stream. (Weight gain and frequent stooling are the most important indicators of adequate intake and nutrition, not frequent urination.)

Bowel movements can be passed irregularly, often with apparent distress. As long as stools are soft and blood-free, a growing baby is probably just expressing some individuality in his/her methods of evacuation. Laxatives, suppositories, and enemas should generally be avoided unless recommended by your pediatrician. Firm or balled stools do need addressing. It is common for breast-fed infants to have a seedy yellow stool with each feeding.

Alertness is one of six states of consciousness detectable in the newborn. The infant's ability to maintain alertness and move smoothly from one state to the other is important. This alertness promotes bonding and is often a special family time. Other states include quiet sleep, active sleep, drowsy waking, fussing, and active crying. While some states are easier to cope with, all states are necessary and healthy. ***Sleep/wake cycles*** take time to stabilize, and are unpredictable in the first two weeks. Intervals can vary from 30 minutes to 4 hours or longer. Total sleep can vary from 8-20 hours per day (average is 15-18). Settling for a 5-6 hour sleep through the night does not occur until about three to four months of age on the average (so seize any opportunities for parental rest!). Sleep posture should be on the back to minimize the risk of SIDS, (crib death). Make sure there is tummy time during the day to allow for development of neck, back, and arm musculature. To slowly change the natural tendency for babies to be alert at night, don't play during nighttime feedings, do prolong daytime alert periods, and perform soothing quiet activities in the evening (perhaps bathing). White noise devices and motion machines are fine to try to encourage this transition.

Crying behavior varies with temperament, neurologic maturity and physical comfort level. You will soon learn to discern between three types of crying; hunger, pain, and anger. The first two are easy to remedy, the third somewhat harder. Regardless of the total daily crying time (tdct), be assured that it will increase up to ages 2-4 months until baby learns to self-console and vocalize in other fashions. At this point, crying is his/her only language. "Colicky" crying (greater than three hours per day in a row on a regular basis, usually in the evening), has an origin that we still do not fully understand. If the baby eats and sucks well, gains weight, and stays healthy in other respects, a complex medical evaluation or drastic feeding change are probably not warranted. If "colic" is a concern, your pediatrician will be able to recommend various techniques to lower the family's stress level during these times (e.g. motion/noise devices, soothing techniques, touching patterns, etc.).

Breast feeding offers nutritional, immunological, cognitive, financial, psychological, and time advantages to your baby and family. If possible, it should be attempted: however, there is no "failure" if formula feeding is substituted at any time during the first year. Many technical and logistical questions arise for breast feeding – feel free to consult your pediatrician for guidance if things are not going well. In general, the breast should be prepared before delivery, moms should continue increased caloric (500 kcal/day extra) and liquid (6-8 glasses/day) intake throughout, calcium intake should be high and babies should generally feed on demand. Short snacky feeds can result in baby not getting fat rich hind milk, so some of the feeds should be long thorough draining episodes. Calcium intake does not always need to be in the form of dairy, as some infants are sensitive to cow's milk antigen coming through the milk. If baby is feeding TOO frequently, full-term robust babies can be delayed 10 minutes a day between feedings up to 3 ½--4 hours. Pacifiers can be employed toward this end. Solids do not hasten settling, so avoid early addition of solids to diet. (There is good evidence that premature introduction of multiple food substances increases allergic tendency and gastrointestinal disturbance in later life). ***Spitting up*** in a happy, growing, stooling baby who does not cough is usually no cause for alarm. Babies can taste and react to strong foods you eat; they prefer garlic or onion laced milk; avoid beans, broccoli, cauliflower, cabbage, and brussel sprouts if gassiness is a problem. Babies fed formula mixed with low-***fluoride*** water need to receive fluoride drops beginning at 6 months of age. Infant nutritionists generally concur that breast-fed infants need additional vitamin D. Your pediatrician will make this recommendation.

Baby ***skin*** is delicate and does not need vigorous scrubbing or disinfecting (antibacterial soaps are not recommended). Every other day baths are fine, twice a week shampooing (transient hair loss is normal!), and gentle water cleansing of the diaper area with changing are usually sufficient. Many rashes can be managed with emollients like Aquaphor, Desitin, zinc oxide, A&D, Triple Paste, or other hypoallergenic moisturizers. Don't use corn starch or powders to avoid aspiration into the lungs. Corn starch also may promote growth of yeast organisms. Keep diaper changes frequent, and consult your pediatrician for any persistent or angry looking rash which may indicate yeast superinfection (any diaper rash present for more than two days usually requires anti-yeast medication such as clotrimazole or miconazole. Discontinue diaper wipes if rash develops). Birthmarks, depending on type, can actually increase in intensity in the first months. Dress should be comfortable, perhaps only *slightly* heavier than your comfort level. Don't over-bundle!

In boys, if ***circumcised***, bathe and diaper as normal. If uncircumcised, gently retract foreskin and clean only as far as it goes easily, (never forcibly retract). Girls will sometimes have bloody/mucusy discharge from the vagina in the first week or so. This is normal and due to hormonal withdrawal from mother. Both sexes may have swelling of the breasts and minimal milk secretion for similar reasons. The stump of the ***umbilical cord*** will separate within two weeks. Keep this area dry and clean, but call or be seen for any reddening of the skin around the cord. Use alcohol on a cotton swab if mucusy. Little boys' scrotums may be swollen with water from the pressures exerted at delivery. In most cases, this resolves but your pediatrician will follow this and make sure proper testicular placement is present.

Your baby's ***skull*** may show some asymmetry (molding), or a bruise from the birth process. These generally resolve but should be followed. Flattening of the head and one directional gaze preference are common but need early addressing with exercises and position changes. The "soft spot(s)" can vary widely from baby to baby. ***Eye color*** change is common in the first year, even into the second.

Sun exposure should not be excessive, even in "jaundiced" babies. "Normal" ***jaundice*** should resolve readily, (slower in breast-fed babies); any significant jaundice will be followed carefully by your pediatrician. Use baby formulated sun screens when indicated, sparingly. Wide-brimmed bonnets (lightweight) help shield the skin as well. Sunburn will not occur through glass but overheating can. Insects should be avoided but if not possible, judicious and careful use of recommended insect repellants is preferred to insect bites!

A normal ***post-partum*** adjustment period will occur for all members of the family, particularly mother. Rest periods for all caretakers, specific husband-wife time, and time with other siblings are important and should be incorporated right from the start. Serious maternal depression, or sibling distress may require counseling. Returning to work outside the home needs careful preparation and planning. Don't feel rushed! Stay home with your baby as long as you can. Stay at home moms (or dads) conversely need regular breaks with adult company. Spouses should take note carefully here!

Safety patterns are critically important to establish right from the start. Most important are infant ***car seats***, properly sized and attached as well as positioned. ***Crib safety*** is vital – never leave the sides down. Use crib bumpers. Slats should be less than 2 and 3/8 inches apart. Avoid long stringed mobiles and small objects in the crib. Young siblings or pets should never be the only baby attendants. Lower the thermostat on the water heater to 120 degrees F or less. Do not leave the infant unattended on any surface above the floor for any reason. Keep the lifeline, hospital, ambulance, doctor, and fire department numbers handy. Have a fire escape plan with appropriate alarms. Remove poisonous plants from the home and garden now. Do not "bottle prop". Do not buy or use a walker. Do not use a stander until 7-8 months. Use appropriate stair barriers early. Don't drink hot liquids or cook while holding baby. Don't smoke in house or car. Don't drink and drive. If breast feeding, consult the doctor before taking any medications.

Your marvelous newborn

Despite limited communication skills, your baby will begin early to pattern his/her responses to people and situations after his most significant caretakers -- usually *you* the parents. If not decided before birth, discuss what, if any, virtues and value systems you want your baby to adopt. These decision making skills will stay throughout life. Try to be consistent within a system that answers your questions about life, death and eternity adequately. Moral imagination and vigor in adulthood start at a surprisingly early developmental stage.

Vaccines start with the first hepatitis B vaccine, now mandated by state law to be given in the hospital (home births may start this vaccination series in the office). You will be given information about the benefits of vaccines that will be given to your infant at the next visit as well. Please read the information carefully and discuss any questions or concerns at the next appointment. At this age, routine use of acetaminophen should be discussed with your pediatrician.

Lastly, your ***pediatrician*** is here to help you understand, cope with, and nurture this new life towards optimal health in the days ahead. Although you should always call to discuss a baby that "looks ill", won't feed, is persistently or forcefully vomiting, has diarrhea, is unusually irritable or sleepy, or has a temperature as outlined before, never hesitate to set up a visit to discuss any unusual, persistent, or bothersome concerns of daily life with baby. Through all of this, enjoyment in the renewal of life should characterize your first days and weeks with your new baby!

"There should be a parade when a baby is born!" - Ruth Krauss.

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Revised 3/07